

COMMONWEALTH OF MASSACHUSETTS
AUTHORIZATION FOR ELECTRONIC FUNDS PAYMENT

"I, _____, hereby authorize Department through the State Treasurer to deposit funds due into the account at the bank named below. The State Treasurer is also authorized to debit my account only to adjust any over deposit which it has caused to be made to my account."

This authorization will remain in effect until either cancelled in writing or an updated form changing information is sent to: (Department Name and Address and Contact)

Payee Bank Name:

Payee Bank Transit Routing Number:

Payee Bank Account Number:

Checking Account ____ Savings Account ____ (Please Check Account Type)

Payee (Vendor) Code:

Payee Name:

Contact Name: _____ **Telephone:** (____) _____
Address:

City: _____ **State:** _____ **Zip:** _____

AUTHORIZED SIGNATURE: _____ **DATE:** _____